



# Health Care Authority



## Information Technology Manager

### WMS Recruitment Announcement

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**OPENS:** November 16, 2005  
**LOCATION:** Lacey, Washington  
**SALARY:** WMS Band 3 \$64,700 - \$83,700 annually, depending on qualifications  
**REPORTS TO:** Deputy Administrator, Operations  
**CLOSES:** Open until filled. (We will begin review of applications by December 15, 2005)

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**Background:** The Washington State Health Care Authority (HCA) is a cabinet-level agency of Washington State government whose mission is to provide affordable high-quality health care to individuals covered by its programs. It carries out this mission by contracting with health plans and other contractors to provide health, dental, and other insurance coverage to state employees, retired state employees, enrollees in the Basic Health program, and uninsured low-income individuals served by community clinics. The agency also has statutory authority to promote collaborative purchasing of health care services by state agencies, and to implement a state-preferred prescription drug list and a senior prescription drug education and discount program. HCA employs approximately 280 people located in Lacey and Seattle.

**Role:** The Information Technology Manager directs and coordinates the use of information technology at the Health Care Authority to support business needs. Directs and manages the Information Services Group, which consists of 23 FTE's and a biennial budget of approximately \$15.6 million. Provides technology vision and leadership for developing, implementing, and governing strategic and long-range information technology initiatives and plans for the agency. This includes policy, development processes, acquisition standards, service level agreements, technical specifications, staffing, training and intra/inter agency cooperation.

**Desirable Qualifications:** The successful candidate will have three or more years of progressive experience in managing information service operations with knowledge and experience in the following:

- Ability to lead and manage a large, diverse service delivery support organization in a dynamic technological environment.
- Ability to inspire staff to achieve their potential and perform well, and to set a progressive and supportive culture for the division.
- Advanced oral and written communication skills, ability to communicate with diverse stakeholders, including executive level business and governmental leaders, as well as the most technical personnel.
- Ability to think analytically and strategically, providing organizational direction and resource management to create innovative solutions and implementation methods.
- Strong planning skills including the ability to develop and carry out long-range multiple, complex technology projects and generate results in day-to-day operations.
- Significant knowledge of information technology and the ability to integrate disparate technology systems to establish complete system solutions in support of business processes. Ability to understand complex principles and dynamics associated with the information technology industry within state government.
- Excellent facilitation, negotiation, conflict resolution, and teambuilding skills in order to collaborate with peers in guiding decision making for technology and to work collaboratively to develop partnerships with various entities, building consensus among diverse stakeholders.
- Advanced customer service skills.
- Knowledge of trends and developments in IT hardware and software; to recognize the effects of technological change on the current/future information systems environment.

**Additional desirable qualifications:**

- Knowledge of state mandated information technology standards and policies...
- Clear understanding of the state's budget process.
- Clear understanding of IT contract terms and conditions.
- Demonstrated knowledge of personnel policies, labor agreements and Merit System Rules.
- A Bachelor's degree in business or related field is highly desirable

**Candidates may apply by submitting the following packet of information:**

1. A letter of interest with a detailed description of your experience, including dates and length of experience in each of the areas listed in the Qualifications sections;
2. A résumé listing names of employers, dates of employment, and degree(s) attained;
3. A minimum of three employment references, two supervisors and one peer;
4. The reference authorization form.
5. The profile data sheet. Completion of this form is voluntary. Information gathered will be used for statistical purposes only and will be kept confidential.

**Application Process:**

**Screening will begin December 15, 2005.**

Mailing Address	Email Address and Fax	Contact Information
Health Care Authority Human Resources Office PO Box 42698 Olympia WA 98504-2698	<b>Please use:</b> <b><u>Information Technology</u></b> <b><u>Manager in the subject line</u></b>  <a href="mailto:hrmb@hca.wa.gov">hrmb@hca.wa.gov</a>  Fax: (360) 923-2604	Patti Scherer-Abear (360) 923-2734  TTY: (360) 923-2703

Applications will be acknowledged upon receipt, and all candidates will be notified by mail after the final selection has been made.

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**REFERENCE AUTHORIZATION FORM**

To Whom It May Concern:

I, \_\_\_\_\_, authorize the Health Care Authority to contact my current and/or previous employers and anyone else appropriate in establishing my qualifications for the purposes of verification and reference. I knowingly and voluntarily release the State of Washington Health Care Authority, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files.  
Date \_\_\_\_\_ Printed name of applicant \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Where did you hear about this job? HCA ☐ DOP ☐ Newspaper ad ☐ Mailing ☐ Associate ☐

NOTE: A photocopy of this information shall be as valid as the original

The Health Care Authority vigorously pursues diversity in the workforce. Women, racial and ethnic minorities, persons of disability, and disabled and Vietnam-era veterans are encouraged to apply. Persons of disability needing assistance in the application process may call the Health Care Authority Human Resources Office at (360) 923-2819 or TTY (360) 923-2703. Applicants needing this announcement in an alternate format should contact our ADA Coordinator at (360) 923-2805 or TTY (360) 923-2701.

## Health Care Authority

### APPLICANT PROFILE DATA FORM

The information requested on this form is voluntary and is used for affirmative action purposes only. Ethnic minorities and persons of disability are covered in employment by various federal laws, which mandate Affirmative Action Plans for agencies receiving federal monies.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What race or culture do you consider yourself? *If you are more than one race, please check "Other Race".*

- |   |                                    |                                    |                                   |                                    |                                     |
|---|------------------------------------|------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aleut  | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino  | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Korean    | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> Asian  | <input type="checkbox"/> Chinese   | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Indian   | <input type="checkbox"/> Laotian   | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black  | <input type="checkbox"/> Eskimo    | <input type="checkbox"/> Hawaiian  | <input type="checkbox"/> Japanese | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> White      |
| <input type="checkbox"/> Other Race (specify indicate race or culture): _____ |                                    |                                    |                                   |                                    |                                     |

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes:

☐ Multi-Racial \_\_\_\_\_  
(Affirmative Action Preference)

2. Are you: ☐ Male ☐ Female

3. Have you ever been on active duty in the U.S. Armed Services? ☐ Yes (if checked, see 3a and 3b)  
☐ No

3a. Dates served: from: \_\_\_\_\_ to \_\_\_\_\_ ☐ No  
3b. Are you a disabled veteran? ☐ Yes (\_\_\_\_ %) ☐ No

4. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? ☐ Yes ☐ No

5. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? ☐ Yes ☐ No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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#### AFFIRMATIVE ACTION DEFINITIONS

**American Indian or Alaskan Native.** A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

**Asian/Pacific Islander.** A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

**Black/African-American.** A person with origins in any of the Black racial groups of Africa.

**Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

**White/Caucasian.** A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Disabilities.** For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

**Disabled veteran.** A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**Vietnam-era veteran.** A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.